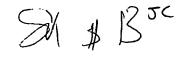
## PART B-ISSUE FEE TRANSMITTAL

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MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 Note: The certificate of mailing below can only be used for domestic through 4 should be completed where appropriate. All further correspondence including the Issue Fee mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. **Certificate of Mailing** CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below. JOHN F HOFFMAN BAKER & DANIELS 111 EAST WAYNE STREET Hoffman, rec (Depositor's name) SUITE 800 FORT WAYNE IN 46802 (Signature) 3, January (Date) APPLICATION NO. **FILING DATE** TOTAL CLAIMS **EXAMINER AND GROUP ART UNIT DATE MAILED** HEISEY, D 08/966,839 11/10/97 026 3632 10/28/99 First Named STIERNEBY, 35 USC 154(b) term ext. =O Days. **Applicant** INVENTION SUPPORT DEVICE FOR A CABLEWAY

BATCH NO. APPLN. TYPE

SMALL ENTITY

**FEE DUE** 

CLASS-SUBCLASS

ATTY'S DOCKET NO.

3 VER0024 248-053.000 D62	UTILITY	NO	\$1210.00	01/28/00
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.	2. For printing on the (1) the names of up to attorneys or agents C the name of a singl member a registered and the names of up to attorneys or agents. If name will be printed.	o 3 registered patent OR, alternatively, (2) le firm (having as a I attorney or agent) o 2 registered patent	1 BAKER &	DANIELS
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear or Inclusion of assignee data is only appropriate when an assignment has been previously the PTO or is being submitted under separate cover. Completion of this form is NOT as filing an assignment.  (A) NAME OF ASSIGNEE Defem System AB  (B) RESIDENCE: (CITY & STATE OR COUNTRY) Anderstorp, Sweden Please check the appropriate assignee category indicated below (will not be printed on the individual Corporation or other private group entity Government).	n the patent. submitted to substitue for  4b. The DEF (EN XX Is	atents and Trademark ssue Fee Advance Order - # of C following fees or defic POSIT ACCOUNT NU ICLOSE AN EXTRA C ssue Fee Advance Order - # of C	s): copies siency in these fees si MBER02-0 OPY OF THIS FORM	0385
(Authorized Signature)  Reg.#26,280  Reg.#26,280  NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a register or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.  Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time depending on the needs of the individual case. Any comments on the amount of time to complete this form should be sent to the Chief Information Officer, Patent and TOffice, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commis Patents, Washington D.C. 20231  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a of information unless it displays a valid OMB control number.	ed attorney nd ne will vary e required frademark 5 TO THIS essioner for	01/07/2000 SARRYA1 00000068 08966839 01 FC:142		
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